PRINTED: 10/14/2011 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERV	TCES
CENTERS FOR MEDICARE & MEDICAID SERV	ICES

STATEMENT OF DEFICIENCIES X1) PRO		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			URVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01			COMPLETED	
	15G367		B. WIN			09/26/2	011
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER				1	/ WINONA AVENUE		
CARDINA	AL SERVICES INC	OF INDIANA			AW, IN46580		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PERCEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
K0000							
	A Life Safety Co	ode Recertification	K(	0000			
	Survey was con	ducted by the					
	Indiana State D	epartment of					
		dance with 42 CFR					
	483.470(j).	dance with 12 cm					
	463.470(j).						
	Survey Date: 0	9/26/11					
	Survey Bate. 0	3,23,					
	Facility Number: 000881						
	Provider Number: 15G367						
	AIM Number: 100249180						
	All Nulliber.	100249160					
	   Surveyor: Amy Kelley, Life Safety						
	Code Specialist						
	Code Specialist						
	At this Life Safety Code survey,						
	Cardinal Services Inc of Indiana						
	was found not in compliance with						
	·						
	Requirements for Participation in						
	Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety						
	Code (LSC), Cha	apter 33, Existing					
	Residential Boa	_					
	Occupancies.						
	occupancies.						
	This two story t	facility was					
	=	·					
		ne facility has a fire					
	alarm system w	vitri smoke					
			_		•		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

ZBE521

Facility ID:

000881

If continuation sheet

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  15G367		(X2) MULTIPLE CO  A. BUILDING  B. WING	01	(X3) DATE COMP - 09/26/2	LETED			
NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA			B. WING GS/26/10  STREET ADDRESS, CITY, STATE, ZIP CODE  1207 W WINONA AVENUE  WARSAW, IN46580					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
	the corridors, s							
	NFPA 101A, Alt Approaches to	(E–Score) using ernative Life Safety, Chapter ility Slow with an						
		by Lex Brashear, e Specialist–Medical /28/11.						
KS018	following: Doors are provide mechanisms suita closed. No doors a occupant from clo 32.2.3.6.4, 33.2.3.  Doors are self-closaccordance with 7  Exception: Door c required in buildin an approved autoride.	h the d regulatory s evidenced by the d with latches or other ble for keeping the doors are arranged to prevent the sing the door. 32.2.3.6.3, 6.3, 33.2.3.6.4 sing or automatic closing in						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 A. BUILDING 15G367 09/26/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1207 W WINONA AVENUE CARDINAL SERVICES INC OF INDIANA WARSAW, IN46580 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE KS018 **K 0018** Doors are provided with 10/10/2011 Based on observation and latches or other mechanisms interview, the facility failed to suitable for keeping the doors ensure 1 of 3 first floor back closed. No doors are arranged to corridor doors was smoke prevent the occupant from closing the door. Doors are self- closing resistive. This deficient practice or automatic closing in could affect 2 of 7 clients. accordance with 7.2.1.8 Exception: Door closing devices are not required in buildings Finding include: protected throughout by an approved automatic sprinkler Based on observation with the system in accordance with Residential Manager and 32.2.3.5.1 and 33.2.3.5.2. This is a two story dwelling that is Maintenance Technician #1 on protected throughout by a 09/26/11 at 12:32 p.m., the door sprinkler system. In addition, the to the medicine room had a vent. medicine room is fire rated as it is Based on interview with sprinkled and equipped with its own monitored smoke detector. Maintenance Technician #1 at the (see attachment A). The Facilities time of observation, the medicine Maintenance Manager spoke with room gets really warm and the the architect for this home who stated that because the medicine vent was placed in the door for room itself is fire rated, the door ventilation. to the room does not have to be. It is Cardinal Services Inc.'s belief that due to the dwelling being fully protected throughout by a sprinkler system and the medicine room being fire rated, that this home meets all standards required in Code K0018. Maintenance Manager Responsible

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If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  15G367		A. BUILDING		NSTRUCTION 01	(X3) DATE ( COMPL 09/26/2	ETED	
NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA			120	7 W	DDRESS, CITY, STATE, ZIP CODE WINONA AVENUE W, IN46580		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAC	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
KS020	barriers, with all op smoke-actuated at self-closing doors rating comparable enclosure. Stairs entire primary measo that it is not new pass from all space construction havin resistance rating. other than Type II Type V (000), the sprotected to afford rating of the support of	enclosed with ½ hour fire penings equipped with automatic closing or having a fire protection to that required for the comply with 7.2.2.5.3. The ans of escape is arranged pessary for the occupants to es on that story by g not less than a ½ hour fire. In buildings of construction (000), Type III (200), or supporting construction is the required fire resistance ported wall. 33.2.2.4.  Stairs that connect a story at one other story are en to the story that is not at the story that is not at the story and ic sprinkler system in 3.2.3.5 that uses quick ential sprinklers. This ted only if a primary means ch sleeping area still exists at that route is separated that floor by construction are resistance rating.  Stair enclosures are not ges of two or fewer stories evacuation capability nore than eight residents by an approved automatic accordance with 33.2.3.5 sponse or residential					

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STATEMENT OF DEFICIENCIES X		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DAT			(X3) DATE S	) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01			COMPLETED		
15G367		B. WING	1110		09/26/2	011		
		1		STREET A	DDRESS, CITY, STATE, ZIP CODE			
NAME OF PROVIDER OR SUPPLIER					WINONA AVENUE			
CARDIN	AL SERVICES INC	OF INDIANA			W, IN46580			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	NCY MUST BE PERCEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		Έ	COMPLETION		
TAG		R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
		tion No. 2 to 33.2.2.3 is not						
	1	on with this exception. The						
	conjunction with t	2.3.4.3 are not used in						
	Conjunction with t	піз ехсеріюн.						
	Exception No. 4:	In buildings of three or fewer						
		prompt or slow evacuation						
		s protected by an approved						
		er system in accordance with						
		e permitted to be open at						
		only. The entire primary of which the stairs are a part						
		all portions of lower stairs.						
	IMPRACTICAL Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of							
		er story. Smoke partitions						
		nce rating of not less than ½						
		or openings to the vertical						
		ble of resisting fire for not						
	less than 20 minu	tes. 32.3.1.1, 33.2.3.1.1						
	Exception: Stairs	are permitted to be open						
	Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4.							
	Based on obse		KS0	20	K 0020 Interior stairs are		10/10/2011	
		facility failed to			enclosed with ½ hour fire bar			
	· ·	nterior stairway			with all openings equipped w	rith		
		elf close and latch			smoke-actuated automatic			
					closing or self-closing doors having a fire protection rating	1		
	into the door f				comparable to that required f			
	•	ice could affect all			the enclosure. Stairs comply			
	occupants.				7.2.2.5.3. the entire primary			
					means of escape is arranged			
	Findings includ	de:			that it is not necessary for the	9		
					occupants to pass from all			

000881

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	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:  15G367		(X2) MU A. BUII B. WIN	LDING	NSTRUCTION  01	(X3) DATE S COMPL 09/26/2	ETED
NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE  1207 W WINONA AVENUE  WARSAW, IN46580					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	πE	(X5) COMPLETION DATE
	Residential Mar Maintenance Te 09/26/11 at 11 at the bottom of self close but fo the door frame	echnician #1 on I:10 a.m., the door of the stairway did ailed to latch into . This was by the Residential laintenance			spaces on that story by construction having not less a ½ hours fire resistance rat In buildings of construction of than Type II (000)., Type III(1) or Type V(000), the supportic construction is protected to a the required fire resistance rof the supported wall. 33.2.2 this two story sprinkled homball latch on the stairwell was adjusted on 10/10/2011 to be hold the door closed. The balatch is and will be the mechanism used to hold the secure. The door is at the boof the stair way and installing more restrictive latch mechat is more difficult for personal served to open would restrict egress and potentially cause injury even during the everyouse of the door. The ball latch system provides the best posolution to ensure compliance with all codes while allowing ease in egress in the event of the emergency, even in darkness is Cardinal Services, Inc.'s but that the adjustment of the balatch meets the standard reconstitute in Code K0018. In order to enthat the ball latch secures the door monthly and quarterly inspections will be complete the Residential Manager, Residential Coordinator and Maintenance personnel.  Maintenance Manager  Responsible	ing. bther 2000), ng afford ating 2.4. In e the s etter all color oftom g a nism ons et eday ch essible ce for of an es. It belief all quired ensure e d by	